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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

W E E K L Y B U L L E T I N

For Period

6 April - 13 April

1947

Number 15

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SECTION I

WELFARE

General

Monsignor Edward J. Flanagan of Boy's Town, Nebraska is expected to arrive in Tokyo on 16 or 17 April 1947.

As a consultant to SCAP, Father Flanagan will devote his full time to conferences with Japanese Welfare agencies active in programs involving the rehabilitation of orphans and abandoned children. It is also anticipated that his presence and work here will serve to call general public attention to the difficult position of orphaned and neglected children in Japan at the present time. Out of this interest, community organizations can be developed that will permanently serve to encourage local action for the betterment of the condition of orphaned and homeless boys and girls.

Public Assistance

PUBLIC ASSISTANCE PREFECTURAL REPORTS February 1947

Prefecture	No. of Persons Non-institutional	No. of Persons in Institutions	Cost of Assist- ance in Cash	Cost of Assist- ance in Kind
Aichi	91,996	5,164	¥5,932,351	¥ 189,997
Akita	52,907	1,643	2,653,469	---
Aomori	46,638	1,853	2,338,979	9,826
Chiba	37,435	2,493	2,420,372	45,217
Ehime	38,470	642	2,224,125	2,577,104
Fukui	62,741	2,899	2,701,479	97,742
Fukuoka	110,751	1,470	3,259,329	1,102,953
Fukushima	86,563	1,141	3,891,049	200,135
Gifu	77,697	3,008	3,069,218	2,669,503
Gumma	65,758	614	3,956,267	116,765
Hiroshima	62,699	3,631	3,980,750	227,491
Hokkaido	66,399	3,056	5,265,362	247,090
Hyogo	101,845	1,919	7,034,670	23,902
Ibaraki	52,946	1,919	2,734,346	70,100
Ishikawa	30,272	1,321	2,013,062	85,348
Iwate	54,228	196	2,746,678	112,648
Kagawa	26,772	4,640	1,420,557	258,135
Kagoshima	136,152	169	5,529,605	534,428
Kanagawa	46,272	3,770	4,020,349	286,762
Kochi	31,340	551	2,333,710	1,309,375
Kumamoto	44,493	690	2,475,597	---
Kyoto	79,385	3,426	5,502,114	168,767
Mie	39,078	403	2,393,421	385,442
Miyagi	59,854	803	2,517,537	66,264
Miyazaki	39,357	327	1,804,050	567,664

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<u>Prefecture</u>	<u>No. of Persons Non-institutional</u>	<u>No. of Persons in Institutions</u>	<u>Cost of Assist- ance in Cash</u>	<u>Cost of Assist- ance in Kind</u>
Nagano	92,430	720	¥4,592,730	¥241,978
Nagasaki	41,291	484	2,398,382	---
Nara	22,264	298	1,463,527	30,971
Niigata	79,240	6,666	4,605,726	160,074
Oita	22,988	2,181	1,107,601	4,327,633
Okayama	41,888	3,713	2,592,094	71,705
Osaka	81,244	9,644	6,988,889	20,660
Saga	32,870	180	2,002,630	1,609,773
Saitama	65,908	605	3,074,158	502,175
Shiga	28,436	320	1,009,337	---
Shimane	36,095	1,258	2,623,999	1,140,379
Shizuoka	63,709	3,451	4,315,182	70,747
Tochigi	38,650	298	2,148,522	237,100
Tokushima	30,832	448	1,681,255	156,074
Tottori	30,591	504	3,296,762	71,319
Toyama	40,015	553	2,598,147	18,377
Wakayama	29,920	94	1,684,916	74,737
Yamagata	58,652	439	4,284,582	114,284
Yamaguchi	49,305	2,627	3,600,181	334,820
Yamanashi	22,310	142	1,414,935	259,760

Licensed Agencies for Relief in Asia (LARA)

During the past few months, new personnel have been attached to Military Government Teams and the following statement on LARA is presented for their information and guidance.

Licensed Agencies for Relief in Asia (known as LARA) was organized in March 1946 by the Committees of Japan and Korea of the American Council of Voluntary Agencies for Work Abroad (ACVA) as a committee to coordinate all voluntary agencies seeking to do relief work in the occupied countries of Asia.

Contributions for Japan from November 1, 1946 - April 1, 1947 approximates one million dollars in value and consists of non-perishable food, clothing and medicine.

Two LARA representatives, Father Michael J. McKillop and Miss Esther B. Rhoads arrived in Tokyo June 1946. An agreement was reached with SCAP permitting the importation by LARA of relief supplies (up to 2,000 tons a month) to be distributed through "existing channels" by the Japanese Government.

The responsibility of administering the LARA program has been placed in the hands of the Social Affairs Bureau of the Ministry of Health and Welfare. This Bureau has in turn set up an advisory committee (called the LARA Central Committee) of 20 public and private welfare workers who meet

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with representatives of SCAP, 8th Army, LARA and the Ministry of Health and Welfare.

This committee has studied needs and selected certain projects. The lack of milk for babies whose mothers cannot feed them, the need of more food in orphanages so that the war waifs can be kept off the streets, the lack of food for Tubercular patients, the needs of the handicapped, clothing for repatriates and other war sufferers and the school lunch program have all claimed the attention of the committee.

Geographic areas of greatest need have also been studied by this committee using the findings of SCAP and the Japanese Government.

All distribution is on the basis of need without respect to birth, religion or political affiliation. Most of the recipients are children under 13 years of age.

Because of the great danger of LARA goods getting into the black market, most of the supplies are distributed to institutions rather than to families or individuals. Each institution selected is recommended, by prefectural bureaus of welfare, as being able to administer the supplies impartially.

LARA Operations

The LARA representatives are notified that a shipment is on the way. The Japanese Ministry of Health and Welfare is, upon arrival of the shipment, solely responsible for warehousing and transportation and a LARA representative as consignee meets the boat, and turns the shipment over to the Ministry of Public Health and Welfare. The supplies are trucked to a special four story warehouse in Yokohama where they are classified and checked for loss.

The LARA Committee works out a general plan of allocation for approval by SCAP and the Ministry of Health and Welfare. The prefectures included in the allocation are then notified that they may recommend institutions to receive supplies. These recommendations are reviewed by the Central Committee and when approved, the shipments are made.

In order to maintain a unity of the programs a Japanese Welfare official of each prefecture has been called to a conference in Tokyo and the LARA program explained in detail. The agenda includes an explanation of LARA, the motivation of the sending agencies, program in Japan, and emphasis placed on security and proper use of supplies.

These Japanese officials return to their respective prefectural Welfare Bureaus and prepare the list of institutions for approval by the LARA Committee and the Ministry of Health and Welfare. Next, a conference is held in each prefecture where representatives of the institutions to receive supplies are called together for a conference and discussion of the program. An official of the Ministry accompanied by a LARA representative participates in these conferences and the local Military Government should be represented.

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The LARA representative making such visits checks with the Military Government, allows time for consultation with the Welfare Officer, attends the conference, meets local Japanese welfare officials and workers, visits a few representative institutions and sees that warehousing is adequate.

The supplies are then distributed. To prefectures in the Tokyo-Yokohama area, supplies are sent direct by truck to the using agencies. To the prefectures more distant, they go by special sealed freight and are met by welfare officials and the warehouse company (Mitsui) representatives who have been notified by wire. The breakdown is then made at the local warehouse according to the plan worked out in advance and distribution made by the Mitsui Company on behalf of the Japanese Government. All expenses of distribution in Japan are borne by the Ministry of Health and Welfare.

Outline of LARA Projects

1. Social Welfare Institutions

a. Sustained Programs

1. Milk for babies whose mothers cannot feed them. Distributed through carefully selected hospitals, clinics and institutions caring for abandoned or sick infants. Total of 6,000 babies.
2. Supplemental ration of 500 calories a day to children in orphanages. Distributed once in 3 months with a review at the beginning of each period. Total 15,000 children
3. Supplemental ration of 500 calories a day to T.B. Sanatoria emphasizing preventative and incipient care. Total 6,000 T.B. patients.

b. Special Programs

1. Gift of 5 lbs. of food and some clothing to war sufferers and repatriates living in hostels or camps where there is adequate supervision.
2. A slightly larger contribution to persons in selected leprosaria, homes for deaf, blind and aged.
3. Emergency relief supply grants made after clearance with other agencies to avoid overlapping, such as allocation of milk and clothing to earthquake area in January and similar grants to centers receiving repatriates at the ports of Sasebo, Maizuru and Hakodato.

2. School Lunch Program

Allocation handled by Ministry of Education and combined with food from Japanese sources.

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3. Distribution of Medical Supplies through about 40 selected hospitals and clinics in 8 cities.

4. Distribution of clothing to persons in projects listed above and through other authorized channels such as a distribution by the Tokyo Education Bureau of over 12,000 pairs of underdrawers and socks to the neediest teachers of Tokyo.

Outline of LARA Distribution

Note: Areas for distribution are divided into 4 groups, namely A, B, C and D on the basis of most urgent (A) to areas of less need (D).

December 1946

1st allocation of food to Group "A" areas

Tokyo	182	Institutions	22,535	Persons	207,237	Pounds
Kanagawa	43	"	2,792	"	55,090	"
Aichi	58	"	7,200	"	55,090	"
Kyoto	35	"	2,461	"	48,259	"
Osaka	75	"	9,724	"	110,280	"
Hyogo	45	"	2,344	"	43,241	"
Hiroshima	20	"	1,663	"	18,153	"
Nagasaki	28	"	907	"	9,971	"

January - February 1947

1. Earthquake relief to Wakayama, Kochi, Tokushima (Milk and clothing about 9 tons).
2. Repatriate relief at ports Sasebo, Maizuru, Hakodate (Milk & clothing).
3. Clothing distribution in Group A areas through nearby institutions.
4. School Lunch Program in Tokyo, Kanagawa and Chiba Ken. 220,000 lbs. to 820 schools feeding 669,521 children. This supplemental ration is combined with food from Japanese sources.

February - March 1947

1st allocation to Group "B" areas

1. Hokkaido	4. Saitama	7. Ibaraki	10. Okayama
2. Niigata	5. Chiba	8. Tochigi	11. Fukuoka
3. Miyagi	6. Shizuoka	9. Mie	12. Kagoshima

Approximately 2,000 babies, 4,000 children in institutions, 2,000 T.B. patients, 16,000 special. (Supplies total approximately 200 tons)

April 1947

School lunch allotments doubled for Spring Term (400,000 lbs)

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Group C First allocation now being planned
Delivery during April

- | | | | |
|--------------|-------------|---------------|--------------|
| 1. Aomori | 6. Gifu | 11. Shiga | 16. Ehime |
| 2. Fukushima | 7. Toyama | 12. Wakayama | 17. Kumamoto |
| 3. Kochi | 8. Ishikawa | 13. Yamaguchi | |
| 4. Gumma | 9. Fukui | 14. Tokushima | |
| 5. Yamanashi | 10. Nagano | 15. Kagawa | |

(Estimated total 100 tons)

SECTION II

VETERINARY AFFAIRS

Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following new outbreaks of animal disease during the period 6-12 April 1947.

<u>Prefecture</u>	<u>Disease</u>	<u>No. Cases</u>
Fukuoka	Anthrax	1
Kumamoto	Blackleg	1
Kumamoto	Texas Fever	17
Chiba	Swine Erysipelas	1

SECTION III

DENTAL AFFAIRS

Recently formed the "Nippon Dental Dealers' Association" comprises some 600 members throughout the nation. The announced purpose of the organization is to assure equable and free distribution of dental supplies and to render a better service to the practitioners.

SECTION IV

NURSING AFFAIRS

The one month refresher course for Nursing Education Leaders, held at the Red Cross Hospital was completed 10 April 1947. Certificates were issued to 41 of the prefectural representatives who completed the full course.

A representative of the Nursing Affairs Division attended the prefectural meeting in Tottori.

SECTION V

SUPPLY

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Distribution

The Welfare Ministry issued a directive No. 146 Raku, Setsu, Kei, Go, from the Director of Bureau of Medical Treatment, to all Governors, 13 February, pertaining to the establishment of medical facilities and procurement of medical supplies for the treatment of Japanese Nationals employed for the Occupation Forces.

The directive in general provides for the following:

Medical supplies to be furnished each established dispensary.

Each established or, to be established dispensary, will be provided with a basic list of medical supplies and furniture. Items which are not on the basic list may be requisitioned if required.

Doctors will be furnished by the governor or his representative in the prefecture concerned.

Each dispensary or clinic will have a full time nurse on duty.

The recruiting and assigning of nurses will be the responsibility of the prefectural Governor, or his authorized agent.

Officials responsible for the payment of doctors, nurses and medical supplies will be the prefectural governor who is a disbursing officer, or the Director of the Local Liaison office in the case of a local district.

The expenditures will be made from the following:

Expenditures involving medical supplies will be drawn from Miscellaneous Equipment Expenses included in the Post-War Disposal Fund.

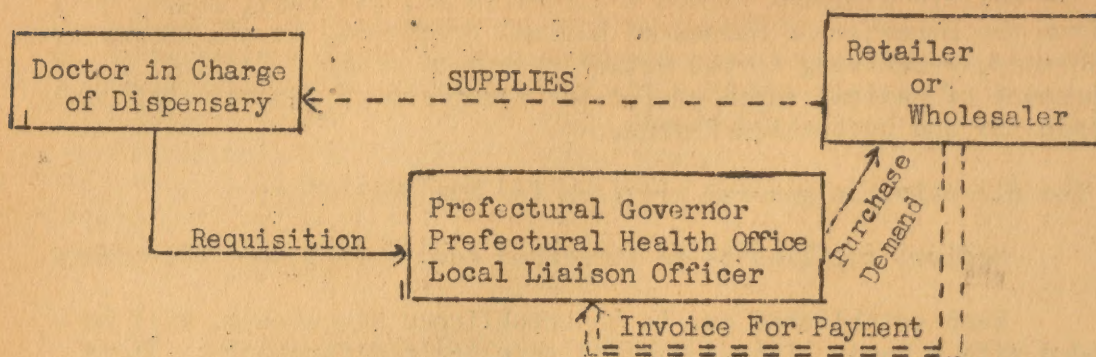
Doctors and nurses will be paid out of Miscellaneous Allowances included in Post-War Disposal Fund.

Doctors operating dispensaries will submit their requirements for medical supplies to the prefectural health office, who will procure them, and see that they are delivered to the requesting dispensary, and forward the invoice for payment to the Prefectural Government, or Director of the Local Liaison office for payment thereof.

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The following drawing is the flow chart pertaining to the above:



Reports from the field indicate that the prefectural officials when reporting to the Welfare Ministry on matters pertaining to supply and narcotic control, are not always able to contact the proper officials and as a result, quite often do not accomplish their mission. Following are the supply officials in the Welfare Ministry:

Mr. H. Kamiya - Chief Pharmaceutical Affairs Section (Distribution and manufacture of miscellaneous equipment).

Mr. I. Keimatsu - Chief Drug Manufacturing Unit (Manufacture of medicines and insecticides)

Mr. H. Kamiya - Acting Chief Narcotic Section (Narcotic Control)

The Welfare Ministry issued comprehensive instructions to Prefectural Governors on 20 March 1947 (No. 22, S. B.) on the subject of "Distribution of Former Japanese Military Clothing". These instructions supplement Notification No. 1,009 S. B., 2 December 1946 issued by Director, Social Bureau, Welfare Ministry and Director, Investigation Bureau, Home Ministry and set a target date of 30 April 1947 for completion of distribution.

Production

The Welfare Ministry approved releases of DDT products and typhus vaccine during week as follows:

<u>Prefecture</u>	<u>10% DDT Dust</u>	<u>Typhus Vaccine</u>	<u>5% DDT Residual Effect Spray</u>
Yamaguchi	2,000 lbs		
Akita	30,000 lbs		
Shizuoka		2592 Vials	
Aichi			3,000 gallons
Hokkaido			15,000 gallons

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Narcotics

Thefts of narcotics reported in Japan for the month of February show a decided decrease, from 52 thefts reported in January to 29 reported in February. This decrease is partially due to the emphasis placed upon the safeguarding of narcotic stocks by registered persons and hospitals, and of their purchase of narcotic supplies in small quantities as needed, rather than quantities for several months in a single order. Also, partially due to instructions issued to hospitals to allow their narcotic stocks to be inspected only by persons presenting the correct authorization to do so, thus eliminating inspections by bogus inspectors resulting in thefts from hospital stocks.

Violations and arrests of registered and non-registered persons indicates a trend from the registered to the non-registered persons, tending to show that physicians, pharmacists and hospitals are becoming more acquainted with the provisions of the Narcotic Laws and are complying with these regulations; and that the majority of future narcotic violations will be committed by addicts in efforts to relieve their addiction and by persons purchasing and selling narcotics for a monetary consideration. Records of narcotic violations indicate 31 registered persons and 18 non-registered persons arrested in January 1947 as compared to 18 registered and 45 now registered arrested in February.

SECTION VI

PREVENTIVE MEDICINE

Typhus Fever Control

Comparative Score (includes cases of 10 April)

1946	-	17,246
1947	-	626

Typhus Outbreak

A minor outbreak of typhus fever has occurred at a large poor farm in the Tokyo area. Twenty-seven (27) suspected cases have been reported -- inmates were found to be louse-infested. Blood is being tested to determine if epidemic or murine typhus or both are present. No secondary cases have been reported outside the institution as yet!

This emphasizes the fact that we are still in the typhus season and that an epidemic of sizeable proportions is still possible. An excellent job has been done to date, but this recent outbreak in Tokyo should make all concerned realize that typhus control efforts should not be relaxed.

The Ministry of Welfare will, by telegram, remind all prefectures to carry out to the fullest extent typhus control procedures with emphasis on Poor Farms, Orphanages, Vagrant homes, jails prisons and similar institutions.

Blood Samples

The cooperation in the task of collecting and submitting blood samples for complement fixation tests for typhus fever is gratifying. Some lots have been completed. Other lots received are undergoing a

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screening process to rule out the negatives by use of a soluble antigen. Final results will be furnished at the earliest possible time.

Campaign against head lice in school children

Plans have been completed and the contemplated nation-wide campaign against head lice will soon be underway.

Venereal Disease Control

The Disease Prevention Bureau of the Welfare Ministry has agreed to support 118 venereal disease treatment clinics in existing health centers and 50 similar clinics in various public hospitals by 1 July 1947. Since we already have more than this number in operation, it indicates national support of this work.

The Osaka Health Department was assured ¥ 1,650,000 by the Ministry, which represents one-third of their budget for the next year for venereal disease control.

The Disease Prevention Bureau of the Welfare Ministry has been advised of the following salient features which should be included in a venereal disease control program for the nation. These points have been translated and will be distributed to the prefectural health departments.

NATIONAL PROGRAM FOR VENEREAL DISEASE CONTROL

The Welfare Ministry is responsible for planning and coordinating a comprehensive program for the prevention, control, and cure of venereal diseases for all the people of Japan.

1. Provide financial support and professional stimulation, leadership and guidance to the prefectural health department authorities in the development of preventive and curative facilities for venereal disease control for the general public.

2. Initiate and direct education, information, and further training for public health venereal disease control physicians in order to raise professional techniques to modern acceptable levels, and to inculcate public health methods of venereal disease control.

3. Initiate, direct, and conduct a continuous campaign of sound public education in venereal disease control to tell the people what the venereal diseases are, how they are transmitted, how they can be prevented, and stressing the availability of free, public, diagnostic and treatment centers.

4. Provide capable laboratory personnel and adequate laboratory facilities for the laboratory diagnosis of these diseases, and to aid the prefectural health departments in the development of similar diagnostic laboratories.

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5. Standardize diagnostic and therapeutic measures for venereal diseases,

6. Initiate, modify, or revoke legislation as is necessary to effectuate the program.

7. Collect, record, and evaluate venereal disease control reports from the prefectures.

8. Establish effective cooperation with physicians in private practice through conferences with prefectural medical societies, distribution of helpful medical literature, provision of laboratory services, and such other assistance as will lead to better participation of physicians in the national program.

9. Cooperate with all other government agencies, National, Prefectural, and Municipal, for the prevention, control, and cure of venereal diseases.

Port Quarantine Control

The last phase of the repatriation of Japanese Nationals from the British areas of Singapore and Burma is now under way. In connection with this operation full cholera restrictions have been imposed on all repatriation vessels sailing from Rangoon. There has been no cholera reported from that port, but the presence of cholera in nearby Moulmein and the lack of accurate information on the location and movements of repatriates in Burma have made this step necessary.

Five X-ray units are now in operation in the tuberculosis screening of repatriates at the Sasebo reception center. Since the institution of this program on 15 March, all repatriates processed at Sasebo have been X-rayed, greatly exceeding expectations. Portable X-ray units are now being installed at Maizuru and Hakodate reception centers to service similar programs.

Weekly report of incoming quarantinable disease:

Week ending 5 April - Negative

SECTION VII

SOCIAL SECURITY

Social Insurance

An inspection was made of the Branch Insurance Offices which are responsible for the administration of Health and Welfare Pension Insurance in Metropolitan Tokyo. Seven of the nine offices were visited in the company of representatives of the Welfare Ministry and the Chief of the central insurance office for the area.

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Conferences were held with the branch managers in each office and there were many indications of the personal initiative, industry and interest of the managers in achieving progressive improvement of the social insurance program. Although serious problems exist as to medical care for insurance beneficiaries, the branch offices have taken original and active steps to remedy the situation in some degree. In an attempt to solicit the cooperation of the 271 doctors in his district, one manager urged them to form a committee or association to consider the problems of the doctors and the social insurance beneficiaries. Such an association has been formed by 80 of the doctors who meet monthly and evidence a genuine interest in the questions involved.

A large share of the permanent insurance records were burned during bombings but, in the course of a year, secondary evidence has been obtained from employers and the records are now virtually replaced.

Every branch office manager brought out the serious need for an adequate informational service to acquaint the public with the social insurance program. Numerous instances were cited showing almost all criticisms of the program were due to misunderstanding and misinformation. Representative meetings with employers' associations and labor unions, were said to result in general cooperation and support on the part of those to whom the principles of the laws were explained. It is known that many benefits are lost or forfeited through lack of knowledge and the cost of administration could be substantially diminished through well organized ~~dissemination of needed information~~.

Mutual Aid Associations

The Mutual Aid Associations are a type of social insurance, but operated separately by the Government departments and restricted to their own employees. These Associations have not been under the supervision or control of the Insurance Bureau of the Ministry of Welfare, but have operated independently. The Salary Allowance Division of the Ministry of Finance is the only Government department to which the Associations make any financial reports. There are some Associations of a similar type being operated by municipal governments for their employees, in cities other than Tokyo. The mutual aid insurances provide health, pension and survivors' benefits. A study has been initiated with a view toward coordinating and possible unification of these various systems into an over-all Government employee insurance,

The former Naval Mutual Aid Association (Navy Department employees) is in the process of being dissolved. A request has been made by the Association that the Insurance Bureau of the Ministry of Welfare assume operational control of the Association for the purpose of continuing the benefits provided by previous contributions. This Association has a number of former naval mutual aid hospitals which are a part of its assets. It is possible that these hospitals will become a part of the coordinated national hospital system and associated with the Health Insurance program.

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Health Insurance

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The Health Insurance Law provides that a portion of the reserve fund may be used for establishing hospitals and clinics where there is a lack of adequate medical service facilities. For the past two years, this fund has been conserved, but it is possible that a part of the fund may be available during the year. Additional information is now being compiled as to where hospitals and clinics are critically needed for improving the Health Insurance program.

Conferences have been held regarding fee-for-service rate to doctors serving insurance patients. An effort is being made to increase this rate with a view toward improving the relationship between doctor and insured patient. It may, however, be delayed due to the possibility of a change in the cost of medical supplies. A new rationing system now being developed for the distribution of medical supplies should greatly improve the medical service for members of the Health and National Health Insurance Program.

SECTION VIII

MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for the period ending 21 February 1947 shows 3,089 hospitals with a capacity of 217,761 beds, 110,385 of which were occupied. During this same period 285,065 out-patients were treated.

Medical Education

At a recent special three day session of the Japan Council on Medical Education, the problem of premedical education was discussed at great length. The Council voted unanimously to present the following recommendations to the Ministry of Education reaffirming previous recommendations made in August of 1946.

(1) Minimum requirements for entrance into medical school should be three years of a university or college level liberal arts course, including certain science courses considered basic to the study of medicine.

(2) A school normally offering liberal arts education on a university or college level should prepare students for medical school. Preparatory courses set up for the purpose of satisfying only the minimum basic medical requirements should be eliminated.

SECTION IX

VITAL STATISTICS

Conferences on Vital Statistics and registration problems were held in Takamatsu, Kochi, Matsuyama, Kure and Hiroshima with Japanese Government officials. They were attended by prefectural court, health and statistical representatives.

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SECTION X

CONSULTANTS

Legal

Action was taken to revoke the license of a medical impostor. He had been granted a medical license by the Welfare Ministry upon his representation that he was a graduate of Johns Hopkins University which was found to be untrue.

Nutrition

The Japanese Nutrition Conference held in Yamaguchi City, April 7 - 8, was attended by representatives of SCAP, and two Japanese members of the Ministry of Welfare, Tokyo.

Yamaguchi City and surrounding area, with the assistance of the Military Government officers, have undertaken a plan of supplying a school lunch to the children. They have also initiated nutrition surveys aside from those conducted by the Japanese Ministry of Health.

SECTION XI

MEMORANDUM TO IMPERIAL JAPANESE GOVERNMENT

None

Crawford F. Sams

CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief, Public Health and Welfare Section.

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 5 April 1947 w/digest.
2. Venereal Disease Report for week ending 5 April 1947.

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Digest of Summary Report of Communicable Diseases
For the Week Ending 5 April 1947

Included in this report for the first time, are four newly added reportable/diseases: measles, whooping cough, pneumonia, and tuberculosis. No reports were received from 10 of the 46 prefectures for these diseases.

Of the communicable diseases included in this report, those which accounted for the largest number of cases for the week ending 5 April, were pneumonia (7,042), measles (5,892), tuberculosis (5,742), whooping cough (4,116), diphtheria (701), malaria (171), typhoid fever (162), and epidemic meningitis (158). Correspondingly, the number of deaths reported for these same diseases were as follows: pneumonia (469), measles (75), tuberculosis (466), whooping cough (44), diphtheria (77), malaria (1), typhoid fever (25), and epidemic meningitis (42). More than 75 percent of the deaths included in this report resulted from pneumonia and tuberculosis.

Only two diseases showed an increase in reported incidence over the previous week, epidemic typhus and epidemic meningitis.

Diphtheria cases decreased approximately 10 percent from 780 in the previous week to 701 in the current week. Deaths on the contrary, showed an increase of 15 percent from 66 to 77. The current and cumulative case rates were exactly the same, 50.0 per 100,000 population. The corresponding death rates were 5.5 and 5.0 respectively.

Dysentery, the general course of which has been upward, decreased from 82 cases and 12 deaths in the previous week, to 68 cases and 9 deaths. The current and cumulative case rates were 4.8 and 4.5 respectively. Corresponding death rates were 0.6 and 1.0.

Typhoid fever cases declined from 173 in the previous week to 162. The current case rate (11.6) still remained below the cumulative rate (14.8), as did the current death rate (1.6) compared with the cumulative death rate (1.9).

Paratyphoid fever cases (28) decreased 59 percent from the figure (67) in the preceding week. There was only one death reported. The current and cumulative case rates were 2.0 and 3.4, respectively. The corresponding death rates were 0.1 and 0.2.

Smallpox reached a new low for the year, only 4 cases and no deaths were reported. The cumulative case and death rates remained at 1.5 and 0.1 respectively.

Both cases (19) and deaths (4) of epidemic typhus showed an increase over the preceding week. The current case rate of 1.4 remained below the cumulative rate of 2.6, but the current death rate (0.3) was about the same as the cumulative rate of (0.2).

There was a decline in malaria cases (171) for the first time since the middle of February. There was one death reported. Current and cumulative case rates were about the same, 12.2 and 12.3, respectively. Both the current and cumulative death rates were 0.1.

The number of scarlet fever cases (38) was about 30 percent lower than in the preceding week, but deaths (3) were somewhat higher than the previous week (2). The current and cumulative case rates were 2.7 and 3.2, respectively. Corresponding death rates were 0.2 and 0.1.

Epidemic meningitis cases continued to increase. There were 158 cases reported compared with 146 cases for the preceding week. Deaths on the contrary showed a slight decrease from 44 to 42. Current case and death rates (11.3) and (3.0) remained well above the corresponding cumulative rates (6.3) and (1.7) respectively.

There continued to be no cholera, Japanese B encephalitis, or plague.

The current and cumulative number of cases of chancreoid were, 747 and 11,239 respectively; gonorrhea, 3,432 and 48,474; and syphilis, 2,606 and 32,541.

Note: The number of cases from delayed reports received this week were as follows; measles 862 cases and 4 deaths; whooping cough 863 cases and 1 death; pneumonia 1,789 cases and 37 deaths; and tuberculosis 1,945 cases and 33 deaths. These figures are not included in this report.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDING 5 April 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	62	11	939	132	7	-	70	19
AOMORI	1	-	116	17	-	1	9	4
IWATE	13	1	128	13	6	-	23	1
MIYAGI	11	-	144	8	-	-	15	1
AKITA	11	-	173	14	-	-	10	2
YAMAGATA	12	-	280	20	4	-	33	7
FUKUSHIMA	13	-	149	3	3	1	33	4
IBARAKI	10	-	185	21	1	2	37	11
TOCHIGI	21	5	177	19	3	-	31	8
GUNMA	4	-	121	31	3	-	23	5
SAITAMA	14	1	170	16	1	-	17	2
CHIBA	12	1	217	18	1	-	21	4
TOKYO	51	10	699	119	15	1	117	22
KANAGAWA	14	-	191	13	2	1	21	5
NIIGATA	6	-	182	20	4	1	38	6
TOYAMA	NR	NR	72	6	NR	NR	3	1
ISHIKAWA	2	1	157	4	-	-	6	1
FUKUI	5	2	86	5	-	-	10	4
YAMANASHI	5	-	37	1	-	-	5	-
NAGANO	19	2	215	21	1	-	11	1
GIFU	8	1	73	13	2	-	8	4
SHIZUOKA	17	3	199	23	1	1	22	5
AICHI	50	3	474	35	2	-	29	3
MIE	16	-	227	10	-	-	3	2
SHIGA	4	1	65	5	-	-	5	1
KYOTO	12	2	170	13	2	-	68	5
OSAKA	9	2	145	25	2	-	46	10
HYOGO	14	2	318	27	-	-	18	7
NARA	1	-	56	4	-	-	-	-
WAKAYAMA	4	2	76	4	-	-	-	-
TOTTORI	4	-	60	6	-	-	2	3
SHIMANE	22	3	148	12	1	-	6	1
OKAYAMA	11	2	135	13	-	-	2	1
HIROSHIMA	10	-	146	16	2	1	15	4
YAMAGUCHI	15	1	236	23	-	-	16	5
TOKUSHIMA	2	-	90	3	-	-	4	-
KAGAWA	7	2	72	8	-	-	18	3
EHIME	22	2	357	29	2	-	13	2
KOCHI	7	2	123	12	-	-	9	7
FUKUOKA	40	1	776	55	2	-	24	3
SAGA	33	-	342	35	1	-	12	2
NAGASAKI	12	5	216	25	-	-	11	6
KUMAMOTO	5	1	72	10	-	-	1	3
OITA	39	2	339	23	-	-	3	1
MIYAZAKI	22	2	218	18	-	-	10	2
KAGOSHIMA	29	4	253	39	-	-	5	2
TOTAL	701	77	9824	987	68	9	883	190
RATE								
Current	50.0	5.5	50.0	5.0	4.8	0.6	4.5	1.0
Previous	55.6	4.7	-	-	5.8	0.9	-	-

Rates per 100,000 per annum

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDING 5 April 1947

PREFECTURE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	13	1	141	27	1	1	24	4
AOMORI	2	-	37	12	-	-	2	-
IWATE	2	2	37	6	-	-	7	-
MIYAGI	8	3	86	8	1	-	18	3
AKITA	-	-	11	1	-	-	4	1
YAMAGATA	2	-	68	17	-	-	17	1
FUKUSHIMA	7	1	103	7	2	-	14	1
IBARAKI	4	-	102	11	2	-	33	3
TOCHIGI	5	-	58	8	1	-	8	1
GUNMA	1	-	39	8	1	-	14	1
SAITAMA	4	-	70	2	1	-	5	3
CHIBA	3	-	89	9	-	-	24	1
TOKYO	12	2	184	29	7	-	71	3
KANAGAWA	6	1	131	17	1	-	18	1
NIIGATA	4	-	63	16	-	-	15	1
TOYAMA	NR	NR	45	9	NR	NR	9	-
ISHIKAWA	-	-	11	-	-	-	6	-
FUKUI	1	1	30	3	-	-	5	-
YAMANASHI	-	-	12	-	-	-	7	-
NAGANO	5	-	65	8	2	-	23	3
GIFU	3	-	79	5	1	-	17	1
SHIZUOKA	8	2	120	10	-	-	31	-
AICHI	6	1	147	13	1	-	32	1
MIÉ	5	-	99	9	-	-	25	3
SHIGA	1	-	16	3	-	-	3	-
KYOTO	3	-	59	13	-	-	7	2
OSAKA	-	1	57	9	1	-	86	1
HYOGO	8	3	118	23	1	-	11	-
NARA	-	-	21	3	-	-	-	-
WAKAYAMA	1	-	50	6	-	-	1	-
TOTTORI	-	-	33	3	-	-	2	-
SHIMANE	11	-	52	7	4	-	15	-
OKAYAMA	5	-	78	7	-	-	5	-
FIROSHIMA	5	1	146	14	-	-	28	1
YAMAGUCHI	2	-	41	2	-	-	7	-
TOKUSHIMA	1	1	47	7	-	-	6	2
KAGAWA	1	-	43	12	-	-	14	-
EHIME	1	1	31	6	-	-	2	-
KOCHI	7	1	75	12	-	-	10	-
FUKUOKA	4	-	92	7	1	-	15	2
SAGA	1	-	23	-	-	-	6	1
NAGASAKI	1	-	16	-	-	-	8	1
KUMAMOTO	2	-	23	2	-	-	3	-
OITA	1	-	9	-	-	-	2	-
MIYAZAKI	6	1	36	5	-	-	10	1
KAGOSHIMA	-	-	8	4	-	-	1	-
TOTAL	162	23	2907	380	28	1	671	43

RATE								
Current	11.6	1.6	14.8	1.9	2.0	0.1	3.4	0.2
Previous	12.3	1.3			4.8	0.5		

Rates per 100,000 per annum

WEEK ENDING 5 April 1947

PREFECTURE	SMALLPOX				EPIDEMIC TYPHUS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	19	3	2	-	31	5
AOMORI	-	-	-	-	-	-	1	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	9	1
AKITA	-	-	9	1	-	-	-	-
YAMAGATA	-	-	6	3	-	-	-	-
FUKUSHIMA	1	-	1	-	-	-	1	-
IBARAKI	-	-	20	1	1	1	50	3
TOCHIGI	-	-	2	-	-	-	5	1
GUMMA	-	-	1	-	-	1	5	3
SAITAMA	-	-	2	1	-	-	16	2
CHIBA	-	-	13	2	-	-	18	1
TOKYO	1	-	13	1	5	2	76	9
KANAGAWA	-	-	3	-	2	-	21	1
NIIGATA	-	-	-	-	1	-	8	1
TOYAMA	NR	NR	1	-	NR	NR	5	-
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	5	3
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	1	-	1	-	5	1
GIFU	-	-	-	-	-	-	18	-
SHIZUOKA	-	-	1	-	-	-	19	-
AICHI	-	-	3	-	3	-	108	2
MIE	-	-	2	-	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	5	-
OSAKA	-	-	9	2	-	-	33	-
HYOGO	-	-	17	3	-	-	1	1
NARA	-	-	-	-	-	-	2	-
WAKAYAMA	2	-	5	-	-	-	13	-
TOTTORI	-	-	1	-	-	-	4	-
SHIMANE	-	-	5	-	-	-	5	-
OKAYAMA	-	-	9	-	-	-	2	-
HIROSHIMA	-	-	1	-	-	-	1	-
YAMAGUCHI	-	-	1	-	1	-	11	-
TOKUSHIMA	-	-	-	-	-	-	2	-
KAGAWA	-	-	1	-	3	-	19	4
EHIME	-	-	-	-	-	-	1	-
KOCHI	-	-	1	-	-	-	1	-
FUKUOKA	-	-	13	1	-	-	3	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	2	7	-
KUMAMOTO	-	-	2	-	-	-	1	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	-	-	1	-	-	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	4	0	187	30	19	4	519	35

DATE

Current	0.3	0.0	1.0	0.1	1.4	0.3	2.6	0.2
Previous	1.1	0.1			1.0	0.1		

Previous	1.1	0.1
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Rates per 100,000 per annum

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

WEEK ENDING 5 APRIL 1947

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	37	-	-	-	-	-
AOMORI	4	-	31	-	-	-	-	-
IVATE	-	-	65	-	-	-	-	-
MIYAGI	1	-	9	-	-	-	-	-
AKITA	2	-	47	-	-	-	-	-
YAMAGATA	-	-	10	-	-	-	-	-
FUKUSHIMA	3	-	46	-	-	-	-	-
IBAPAKI	5	-	129	-	-	-	-	-
TOCHIGI	3	-	12	-	-	-	-	-
GUMMA	-	-	2	-	-	-	-	-
SAITAMA	-	-	5	-	-	-	-	-
CHIBA	1	-	34	-	-	-	-	-
TOKYO	10	-	153	-	-	-	-	-
KANAGAWA	19	-	102	-	-	-	-	-
NIIGATA	-	-	38	1	-	-	-	-
TOYAMA	NR	NR	13	-	NR	NR	-	-
ISHIKAWA	-	-	3	-	-	-	-	-
FUKUI	-	-	9	-	-	-	-	-
YAMANASHI	-	-	9	-	-	-	-	-
NAGANO	6	-	57	-	-	-	-	-
GIFU	-	-	1	-	-	-	-	-
SHIZUOKA	9	-	39	-	-	-	-	-
AICHI	4	-	91	-	-	-	-	-
MIE	4	-	53	-	-	-	-	-
SHIGA	8	-	77	-	-	-	-	-
KYOTO	3	-	47	-	-	-	-	-
OSAKA	-	-	8	-	-	-	-	-
HYOGO	12	-	103	-	-	-	-	-
N/PA	1	-	23	-	-	-	-	-
WAKAYAMA	3	-	20	-	-	-	-	-
TOTTORI	3	-	52	-	-	-	-	-
SHIMANE	-	-	17	-	-	-	-	-
OKAYAMA	4	-	19	-	-	-	-	-
HIFOSHIMA	4	-	78	-	-	-	-	-
YAMAGUCHI	3	-	65	-	-	-	-	-
TOKUSHIMA	4	-	79	-	-	-	-	-
KAGAWA	1	-	52	-	-	-	-	-
EHIME	13	-	91	-	-	-	-	-
KOCHI	-	-	28	-	-	-	-	-
FUKUOKA	15	1	293	3	-	-	-	-
SAGA	8	-	142	2	-	-	-	-
NAGASAKI	6	-	25	-	-	-	-	-
KUMMOTO	1	-	40	-	-	-	-	-
OITA	8	-	114	3	-	-	-	-
MIYAZAKI	-	-	18	1	-	-	-	-
KAGOSHIMA	3	-	23	-	-	-	-	-
TOTAL	171	1	2414	10	0	0	0	0

RATE								
Current	12.2	0.1	12.3	0.1	0.0	0.0	0.0	0.0
Previous	17.9	0.0			0.0	0.0		

Rates per 100,000 per annum

Weekly Report - 5 April 1947
continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP. B. ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(L)	(C)	(D)	(C)	(D)
HOKKAIDO	8	1	103	4	14	5	148	39	-	-	-	-
AOMORI	-	-	7	1	4	-	24	6	-	-	-	-
IVATE	-	-	5	1	8	3	30	11	-	-	-	-
MIYAGI	1	-	12	-	6	-	36	5	-	-	-	-
AKITA	1	-	12	1	7	4	32	12	-	-	-	-
YAMAGATA	-	-	10	-	4	1	20	2	-	-	-	-
FUKUSHIMA	3	1	14	1	2	1	50	12	-	-	-	-
IBARAKI	-	-	9	1	3	1	80	28	-	-	-	-
TOCHIGI	-	-	4	-	2	1	9	5	-	-	-	-
GUMMA	-	-	5	-	4	1	18	3	-	-	-	-
SAITAMA	1	-	14	-	4	2	33	10	-	-	-	-
CHIBA	-	-	11	-	-	-	28	9	-	-	-	-
TOKYO	9	1	127	2	34	12	289	86	-	-	-	-
KANAGAWA	-	-	31	-	6	-	23	7	-	-	-	-
IIZUGATA	-	-	2	-	1	2	19	4	-	-	-	-
TOYAMA	NR	NR	5	-	NR	NR	2	-	NR	NR	-	-
ISHIKAWA	1	-	3	1	1	-	18	2	-	-	-	-
FUKUI	-	-	1	-	1	-	4	2	-	-	-	-
YAMANASHI	-	-	5	-	5	-	18	-	-	-	-	-
NAGANO	-	-	18	1	2	-	24	3	-	-	-	-
GIFU	1	-	5	-	1	1	12	3	-	-	-	-
SHIZUOKA	-	-	15	-	7	1	42	6	-	-	-	-
AICHI	-	-	19	1	-	-	6	1	-	-	-	-
WIE	-	-	10	-	4	-	14	1	-	-	-	-
SHIGA	-	-	10	-	2	1	9	3	-	-	-	-
KYOTO	5	-	56	2	3	-	19	4	-	-	-	-
OSAKA	-	-	16	-	8	-	39	4	-	-	-	-
HYOGO	-	-	17	-	1	-	24	7	-	-	-	-
NARA	-	-	-	-	1	-	2	-	-	-	-	-
WAKAYAMA	-	-	4	-	1	-	4	2	-	-	-	-
TOTTORI	-	-	4	-	-	-	7	2	-	-	-	-
SHIMANE	2	-	10	-	-	-	1	1	-	-	-	-
OKAYAMA	-	-	8	-	-	-	4	2	-	-	-	-
HIROSHIMA	2	-	6	-	6	-	18	4	-	-	1	1
YAMAGUCHI	-	-	5	-	2	-	10	2	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	3	-	-	-	-	-
MICAWA	1	-	6	1	1	-	2	1	-	-	-	-
EHIME	-	-	8	-	1	-	14	7	-	-	-	1
KOCHI	2	-	2	-	1	1	9	2	-	-	-	-
FUKUOKA	-	-	3	1	4	2	34	15	-	-	-	-
SAGA	-	-	-	-	1	-	9	4	-	-	-	-
NAGASAKI	1	-	10	-	-	-	10	2	-	-	-	-
KUMAMOTO	-	-	1	-	3	1	15	5	-	-	-	-
OITA	-	-	-	-	-	-	5	1	-	-	-	-
MIYAZAKI	-	-	3	-	-	-	3	-	-	-	-	-
KAGOSHIMA	-	-	2	-	3	2	15	4	-	-	-	-
TOTAL	38	3	622	18	158	42	1235	329	0	0	1	2

ATE												
Current	2.7	0.2	3.2	0.1	11.3	3.0	6.3	1.7	0.0	0.0	0.01	0.01
Previous	3.9	0.1			10.4	3.1			0.0	0.0		

Cumulative cases and deaths include all reported, beginning with the week ending 4 January through the current week for all diseases.

Plates per 100,000 per annum

Plague: 0

Weekly Report - 5 April 1947

Continued -

PREFECTURE	MEASLES		WHOOPING COUGH		PNEUMONIA		TUBERCULOSIS	
	Current		Current		Current		Current	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	NR	NR	NR	NR	NR	NR	NR	NR
AOMORI	15	1	29	-	81	5	78	2
IWATE	54	-	20	-	199	-	-	-
MIYAGI	194	-	206	-	1124	-	-	-
AKITA	11	-	34	-	80	8	109	16
YAMAGATA	39	2	42	-	143	10	150	12
FUKUSHIMA	189	2	82	2	304	28	163	16
IBARAKI	113	5	91	3	-	-	-	-
TOCHIGI	227	-	144	-	180	-	-	-
GUMMA	NR	NR	NR	NR	NR	NR	NR	NR
SAITAMA	376	-	82	-	162	19	135	12
CHIBA	186	-	44	-	70	-	46	10
TOKYO	1335	16	455	8	681	71	751	12
KANAGAWA	NR	NR	NR	NR	NR	NR	NR	NR
NIIGATA	50	-	166	1	163	13	219	2
TOYAMA	NR	NR	NR	NR	NR	NR	NR	NR
ISHIKAWA	NR	NR	NR	NR	NR	NR	NR	NR
FUKUI	NR	NR	NR	NR	NR	NR	NR	NR
YAMANASHI	34	-	10	-	24	5	26	1
NAAGANO	8	-	113	-	168	5	203	8
GIFU	33	-	70	-	192	2	150	1
SHIZUOKA	212	2	218	5	125	16	110	17
AICHI	522	-	255	-	329	-	251	-
MIE	51	1	93	-	125	4	25	2
SHIGA	NR	NR	NR	NR	NR	NR	NR	NR
KYOTO	148	3	62	-	88	4	295	16
OSAKA	352	15	220	4	266	33	287	46
HYOGO	157	1	152	2	241	18	407	8
NARA	-	-	-	-	9	2	-	-
WAKAYAMA	4	-	58	-	28	-	53	12
TOTTORI	8	-	34	1	65	16	159	14
SHIMANE	86	1	46	1	125	18	172	10
OKAYAMA	66	-	62	-	168	-	57	3
HIROSHIMA	32	-	119	2	213	16	541	35
YAMAGUCHI	108	1	36	2	68	16	60	7
TOKUSHIMA	NR	NR	NR	NR	NR	NR	NR	NR
KAGAWA	28	-	87	1	139	3	89	2
EHIME	198	-	446	8	830	41	380	10
KOCHI	10	-	87	1	102	19	112	17
FUKUOKA	540	13	241	2	205	37	389	114
SAGA	NR	NR	NR	NR	NR	NR	NR	NR
NAGASAKI	111	1	86	-	98	9	64	5
KUMAMOTO	10	-	25	-	10	-	49	6
OITA	95	3	83	1	159	39	133	45
MIYAZAKI	290	8	118	-	78	12	79	5
KAGOSHIMA	NR	NR	NR	NR	NR	NR	NR	NR
TOTALS	5892	75	4116	44	7042	469	5742	466

RATE

Current	420.2	5.3	293.6	3.1	502.2	33.4	409.5	33.2
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Cumulative Totals Not Available

Rates per 100,000 per annum.

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative Number for first 14 weeks	
	5 April 1947	6 April 1946	5 April 1947	6 April 1946	1947	1946
Cases:						
Diphtheria	701	906	2915	3877	9824	17332
Dysentery	68	62	289	291	883	699
Typhoid	162	785	636	3617	2907	10940
Paratyphoid	28	105	193	445	671	1338
Smallpox	4	1219	47	5277	187	12058
Epidemic Typhus	19	2334	79	8671	519	15077
Malaria	171	NA	825	NA	2414	NA
Cholera	0	0	0	0	0	0
Scarlet Fever	38	53	188	198	622	486
Epidemic Meningitis	158	45	571	173	1235	438
Jap. B. Encephalitis	0	NA	0	NA	1	NA
Plague	0	0	0	0	0	0
Deaths:						
Diphtheria	77	84	259	339	987	1810
Dysentery	9	16	50	81	190	282
Typhoid	23	100	87	433	380	1557
Paratyphoid	1	7	13	30	43	75
Smallpox	0	280	5	792	20	1510
Epidemic Typhus	4	229	8	847	39	1159
Malaria	1	NA	4	NA	10	NA
Cholera	0	0	0	0	0	0
Scarlet Fever	3	4	6	13	18	44
Epidemic Meningitis	42	19	153	52	329	108
Jap. B. Encephalitis	0	NA	0	NA	2	NA
Plague	0	0	0	0	0	0
NA: Not Available						

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative Rates for first 14 weeks	
	5 April 1947	6 April 1946	5 April 1947	6 April 1946	1947	1946
Case Rate:						
Diphtheria	50.0	64.6	52.0	69.1	50.0	88.3
Dysentery	4.8	4.4	5.2	5.2	4.5	3.6
Typhoid	11.6	56.0	11.3	64.5	14.8	55.7
Paratyphoid	2.0	7.5	3.4	7.9	3.4	6.8
Smallpox	0.3	86.9	0.8	94.1	1.0	61.4
Epidemic Typhus	1.4	166.5	1.4	154.6	2.6	76.8
Malaria	12.2	NA	14.7	NA	12.3	NA
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	2.7	3.8	3.4	3.5	3.2	2.5
Epidemic Meningitis	11.3	3.2	10.2	3.1	6.3	2.2
Jap. B. Encephalitis	0.0	NA	0.0	NA	0.01	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rates:						
Diphtheria	5.5	6.0	4.6	6.0	5.0	9.2
Dysentery	0.6	1.1	0.9	1.4	1.0	1.4
Typhoid	1.6	7.1	1.6	7.7	1.9	7.9
Paratyphoid	0.1	0.5	0.2	0.5	0.2	0.4
Smallpox	0.0	20.0	0.1	14.1	0.1	7.7
Epidemic Typhus	0.3	16.3	0.1	15.1	0.2	5.9
Malaria	0.1	NA	0.1	NA	0.1	NA
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	0.2	0.3	0.1	0.2	0.1	0.2
Epidemic Meningitis	3.0	1.4	2.7	0.9	1.7	0.6
Jap. B. Encephalitis	0.0	NA	0.0	NA	0.01	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available

Rates per 100,000 per population per annum

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDING 5 APRIL 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	18	372	130	2054	34	937
AOMORI	5	81	31	480	30	332
IWATE	-	39	13	239	11	393
MIYAGI	7	92	58	618	43	478
AKITA	9	75	52	493	32	329
YAMAGATA	4	62	40	441	34	504
FUKUSHIMA	4	109	74	767	56	671
IBARAKI	12	223	48	693	35	801
TOCHIGI	15	143	90	907	75	712
GUMMA	8	83	21	474	33	585
SAITAMA	29	300	44	942	64	735
CHIBA	19	267	51	994	52	687
TOKYO	35	585	140	1810	97	1166
KANAGAWA	9	300	112	2590	63	984
NIIGATA	4	121	58	718	48	567
TOYAMA	7	109	63	675	51	457
ISHIKAWA	10	186	63	855	51	598
FUKUI	8	147	43	287	38	216
YAMANASHI	3	34	38	406	21	112
NAGANO	6	125	100	1026	78	699
GIFU	7	226	49	874	34	425
SHIZUOKA	16	183	72	851	109	948
AICHI	59	1039	199	3796	154	1878
NAI	22	379	32	672	46	523
SHIGA	16	315	38	421	39	320
KYOTO	NR	565	NR	1966	NR	885
OSAKA	95	1409	318	4635	297	3885
HYOGO	26	473	128	1881	153	1935
NARA	6	125	6	177	8	139
WAKAYAMA	42	246	118	700	64	383
TOTTORI	3	107	45	926	20	455
SHIMANE	14	71	110	512	60	452
OKAYAMA	27	368	96	1197	74	702
HIOGOSHIMA	27	282	164	1793	63	837
YAMAGUCHI	6	68	56	707	48	518
TOKUSHIMA	6	31	27	255	33	331
KAGAWA	16	169	37	557	15	371
EHIME	18	84	76	778	85	919
KOCHI	15	125	27	418	33	374
FUKUOKA	54	818	255	3096	161	1689
SAGA	19	100	104	848	34	541
NAGASAKI	11	182	81	1513	28	522
KUMAMOTO	8	92	56	907	62	586
OITA	22	259	69	718	40	454
MIZUZAKI	NR	31	NR	363	NR	296
KAGOSHIMA	NR	49	NR	444	NR	210
TOTALS	747	11229	3432	48474	2606	32541

RATE						
Current	53.3	57.2	247.8	246.9	185.9	165.8
Previous	57.1		291.1		198.8	

Rates per 100,000 per annum